

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Weyerhaeuser Company**
ADDRESS **PO Box 9777, MS EC2-2C1**
Federal Way, WA 98063

COUNTY **King**
FACILITY **Enumclaw**

LOCATION **31002 Chinook Pass Highway**
Enumclaw, WA 98022

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

WA0040789
PERMIT NUMBER

000
DISCHARGE NUMBER

Submit Monthly

Form Approved.

OMB No. 2040-0004

**NOTE: Read instructions before
completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	n/a	01/30	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	mg/L	n/a	01/30	Grab
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	S.U.	n/a	01/30	Grab
Manganese	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	n/a	01/30	Grab
Cadmium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	n/a	01/30	Grab
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	n/a	01/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$100,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE			DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Lead	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	n/a	01/30	Grab
Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	n/a	01/30	Grab
Zinc	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							Report	µg/L	n/a	01/30	Grab
	SAMPLE MEASUREMENT											
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